

One-on-One Baseball Camp Registration

Camper's Name: _____ Age (at camp): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____

Parent's (Guardian's) Name(s): _____

Return completed form with payment(\$125.00): Rocky J. Hall, One-on-One Baseball, 3445 Telegraph Rd. Suite 116, Ventura, CA 93003

Camp Dates:

Ages: 7-15 June 21-25 Buena High School Baseball Field

Ages: 7-15 June 28-July 2 Buena High School Baseball Field

Waiver of Liability

I, _____ (print name of parent, guardian) of _____ (print name of camper) release Rocky Hall, One-on-One Baseball Camp and its agents of any and all claims for injuries that occur while participating in the Baseball Camp from (June 21-25, 2010) (June 28-July 2, 2010)

Signature (of Parent or Guardian)

Date

In Case of Emergency, please notify:

Name: _____ Phone: _____

If unavailable, the following person is authorized to act in my behalf:

Name: _____ Phone: _____

Health Care Information:

Doctor's Name: _____ Doctor's Phone: _____

Name of Health Insurance Plan: _____ Group#: _____

Name of Hospital: _____